

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF SOUTH CAROLINA

Case number (if known)

Chapter you are filing under:

☐ Chapter 7

☐ Chapter 11

☐ Chapter 12

☒ Chapter 13

☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Michael

First name

Timothy

Middle name

Lynds, Jr.

Last name and Suffix (Sr., Jr., II, III)

Melissa

First name

Kay

Middle name

Lynds

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

Michael T Lynds, Jr.
Michael Lynds, Jr.
Michael Timothy Lynds
Michael T Lynds
Michael Lynds

Melissa K Lynds
Melissa Lynds

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-5563

xxx-xx-2870

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known) _____

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

☒ I have not used any business name or EINs.

☒ I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

Business name(s)

EINs

EINs

5. Where you live

**546 New State Road
Cayce, SC 29033**

Number, Street, City, State & ZIP Code

Lexington

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.

- ☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13

8. How you will pay the fee ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years? ☒ No.
☐ Yes.

District _____	When _____	Case number _____
District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? ☒ No.
☐ Yes.

Debtor _____	Relationship to you _____
District _____ When _____	Case number, if known _____
Debtor _____	Relationship to you _____
District _____ When _____	Case number, if known _____

11. Do you rent your residence? ☒ No. Go to line 12.
☐ Yes. Has your landlord obtained an eviction judgment against you?

- ☐ No. Go to line 12.
☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

☒ No.

☐ Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property? _____

Number, Street, City, State & Zip Code

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a.	Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.
	16b.	Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.
	16c.	State the type of debts you owe that are not consumer debts or business debts <hr/>

17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes.	I am not filing under Chapter 7. Go to line 18. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No <input type="checkbox"/> Yes
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18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
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19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input checked="" type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input checked="" type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
-------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Part 7: Sign Below

For you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.				
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: bottom;"> <u>/s/ Michael Timothy Lynds, Jr.</u> Michael Timothy Lynds, Jr. Signature of Debtor 1 </td> <td style="width: 50%; vertical-align: bottom;"> <u>/s/ Melissa Kay Lynds</u> Melissa Kay Lynds Signature of Debtor 2 </td> </tr> <tr> <td style="vertical-align: bottom;"> Executed on <u>August 30, 2018</u> MM / DD / YYYY </td> <td style="vertical-align: bottom;"> Executed on <u>August 30, 2018</u> MM / DD / YYYY </td> </tr> </table>	<u>/s/ Michael Timothy Lynds, Jr.</u> Michael Timothy Lynds, Jr. Signature of Debtor 1	<u>/s/ Melissa Kay Lynds</u> Melissa Kay Lynds Signature of Debtor 2	Executed on <u>August 30, 2018</u> MM / DD / YYYY	Executed on <u>August 30, 2018</u> MM / DD / YYYY
<u>/s/ Michael Timothy Lynds, Jr.</u> Michael Timothy Lynds, Jr. Signature of Debtor 1	<u>/s/ Melissa Kay Lynds</u> Melissa Kay Lynds Signature of Debtor 2				
Executed on <u>August 30, 2018</u> MM / DD / YYYY	Executed on <u>August 30, 2018</u> MM / DD / YYYY				

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ JASON T. MOSS

Signature of Attorney for Debtor

Date

August 30, 2018

MM / DD / YYYY

JASON T. MOSS 7240

Printed name

MOSS & ASSOCIATES, ATTORNEYS P.A.

Firm name

**816 ELMWOOD AVENUE
COLUMBIA, SC 29201**

Number, Street, City, State & ZIP Code

Contact phone **(803)-933-0202**

Email address

lindsey@mossattorneys.com

7240 SC

Bar number & State

Fill in this information to identify your case:

Debtor 1 **Michael Timothy Lynds, Jr.**
First Name Middle Name Last Name

Debtor 2 **Melissa Kay Lynds**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	55,000.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	24,663.10
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	79,663.10

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	79,325.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$	0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$	0.00
Your total liabilities		\$ 79,325.00

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$	4,154.06
5. Schedule J: Your Expenses (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$	3,024.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known) _____

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 6,128.02

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
From Part 4 on <i>Schedule E/F</i>, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>0.00</u>

Fill in this information to identify your case and this filing:

Debtor 1 **Michael Timothy Lynds, Jr.**
First Name Middle Name Last Name

Debtor 2 **Melissa Kay Lynds**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number _____

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

546 NEW STATE ROAD

Street address, if available, or other description

Cayce SC 29033-0000
City State ZIP Code

Lexington
County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$55,000.00	\$55,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

DEBTORS RESIDENCE-546 NEW STATE ROAD, CAYCE SC 29033, LEXINGTON COUNTY, (4) BEDROOM HOUSE, TMS# (005817-03-013), TAX APPRAISAL VALUE (\$53,036), SEE ATTACHED TAX APPRAISAL

DEBTORS ESTIMATES VALUE AT (\$55,000)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$55,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known)

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No
☒ Yes

3.1 Make: **CHRYSLER**
Model: **TOWN & COUNTRY**
Year: **2015**
Approximate mileage: **70,000**
Other information:

2015 CHRYSLER TOWN & COUNTRY: VIN# (2C4RC1BG6FR601281), (4) DOOR, (6) CYLINDER, (70,000) MILES, NADA VALUE (\$17,825)

Who has an interest in the property? Check one

☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$17,825.00

\$17,825.00

3.2 Make: **HONDA**
Model: **CIVIC**
Year: **1996**
Approximate mileage: **300,000**
Other information:

1996 HONDA CIVIC: VIN# (1HGEJ6523TL059256), (4) DOOR, (4) CYLINDER, (300,000) MILES, DEBTOR ESTIMATES VALUE AT (\$500)

Who has an interest in the property? Check one

☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$500.00

\$500.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$18,325.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No
☒ Yes. Describe.....

HOUSEHOLD GOODS: COUCH, LOVESEAT, TABLES, CHAIRS, BEDS, DRESSERS, MICROWAVE, REFRIGERATOR, STOVE, WASHER, DRYER, MOWER, WEEDEATER, PATIO FURNITURE, GRILL

\$2,500.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No
☒ Yes. Describe.....

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known) _____

HOUSEHOLD GOODS: TVS, DVD PLAYERS, COMPUTER

\$700.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No

☒ Yes. Describe.....

BOOKS

\$65.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No

☒ Yes. Describe.....

FIREARMS: RUGER SR 40, SCCY 9MM

\$800.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

CLOTHING

\$1,000.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

JEWELRY

\$200.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.....

ANIMALS: (4) CHIHUAHUAS

\$100.00

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$5,365.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known) _____

claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

**CASH ON
HAND**

\$12.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. **Checking**

**BANK OF AMERICA: CHECKING ACCOUNT#
(8461)**

\$700.00

17.2. **Checking**

**BANK OF AMERICA: CHECKING ACCOUNT#
(6408)**

\$11.10

17.3. **Checking**

**FIRST COMMUNITY BANK: CHECKING
ACCOUNT**

\$50.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

401(k)

**RETIREMENT PROGRAM: ERISA QUALIFIED
401(K) RETIREMENT PROGRAM, FACE
VALUE OF PROGRAM (\$0.00), CASH
SURRENDER VALUE OF PROGRAM (\$0.00)**

\$0.00

IRA

**IRA: INDIVIDUAL RETIREMENT ACCOUNT
ADMINISTERED THROUGH CO-DEBTORS
EMPLOYER, FACE VALUE OF IRA (\$0.00)**

\$0.00

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known) _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes.

Institution name or individual: _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes.....

Issuer name and description. _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c): _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them... _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them... _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them... _____

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years..... _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information..... _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information.. _____

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value.

Company name: _____

Beneficiary: _____

Surrender or refund value: _____

**MUTUAL OF OMAHA: TERM LIFE
INSURANCE POLICY, FACE VALUE OF
POLICY (\$25,000), CASH SURRENDER
VALUE OF POLICY (\$0.00)**

\$0.00

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known) _____

**TRUSTMARK: TERM LIFE INSURANCE
POLICY, FACE VALUE OF POLICY
(\$25,000), CASH SURRENDER VALUE
OF POLICY (\$0.00)**

\$0.00

**COLONIAL LIFE INSURANCE: TERM
LIFE INSURANCE POLICY, FACE
VALUE OF POLICY (\$50,000.00), CASH
SURRENDER VALUE OF POLICY
(\$0.00)**

\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No

☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

☒ No

☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$773.10

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☐ No

☒ Yes. Give specific information.....

PERSONAL PROPERTY: ABOVE GROUND POOL

\$200.00

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known) _____

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$200.00


Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$55,000.00
56. Part 2: Total vehicles, line 5	\$18,325.00	
57. Part 3: Total personal and household items, line 15	\$5,365.00	
58. Part 4: Total financial assets, line 36	\$773.10	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$200.00	
	+	
62. Total personal property. Add lines 56 through 61...	\$24,663.10	Copy personal property total \$24,663.10
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$79,663.10

COUNTY OF LEXINGTON

SOUTH CAROLINA

 ONLINE SERVICES

 SITE MAP

 CONTACT US

Data last updated: 08/23/2018

TMS#:005817-03-013 [Show Map](#)

TAX YEAR:2019

OWNER:LYNDS, MICHAEL JR & MELISSA

ADDRESS:546 NEW STATE RD

CAYCE, SC 29033

PROPERTY ADDRESS:546 NEW STATE ROAD

LEGAL DESCRIPTION:RIVERLAND PARK LOT 3 BLK B

DEED BOOK & PAGE:6992-165

PLAT:62G-4

LAND USE:1001:RESIDENTIAL - IMPROVED

TAX DISTRICT:2C

ASSESSMENT INFORMATION

LOTS:1

ACRES:

TAXABLE LAND:10000

TAXABLE BUILDING:43036

ASSESSMENT LAND:400

ASSESSMENT BUILDING:1720

HOMESTEAD EXEMPT ASSESSMENT:0

TAX RELIEF EXEMPT ASSESSMENT:2120

BUILDING INFORMATION

SQUARE FOOT LIVING AREA:1624

UNFINISHED AREA:

YEAR BUILT:1970

NUMBER OF BEDROOMS:3

NUMBER OF FULL BATHS:1

NUMBER OF HALF BATHS:

HEATING SYSTEM:

CENT. HEAT-CENTRAL
HEAT: HEATING**SALES INFORMATION**

<u>SALE DATE</u>	<u>SELLER</u>	<u>BUYER</u>	<u>PRICE</u>	<u>BOOK/PAGE</u>
01/31/2002	CORLEY, PHILLIP K	LYNDS, MICHAEL JR & MELISSA	56000	6992-165
08/15/1999	CONTIMORTGAGE CORP	CORLEY PHILLIP K	23500	5416-342
07/19/1999	HOUSING & URBAN DEVELOPMENT	CONTIMORTGAGE CORP	2500	5388-300
08/01/1998	CORLEY SHELIAH	HOUSING & URBAN DEVELOPMENT	2500	4871-153
04/01/1997	NORTH AMERICAN PROPERTIE	CORLEY S	31500	4146-007

Fill in this information to identify your case:

Debtor 1	Michael Timothy Lynds, Jr.		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Melissa Kay Lynds		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
DEBTORS RESIDENCE-546 NEW STATE ROAD, CAYCE SC 29033, LEXINGTON COUNTY, (4) BEDROOM HOUSE, TMS# (005817-03-013), TAX APPRAISAL VALUE (\$53,036), SEE ATTACHED TAX APPRAISAL	\$55,000.00	<input checked="" type="checkbox"/> \$109,750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(1)(a)
DEBTORS ESTIMATES VALUE AT (\$55,000) Line from <i>Schedule A/B</i> : 1.1			
2015 CHRYSLER TOWN & COUNTRY: VIN# (2C4RC1BG6FR601281), (4) DOOR, (6) CYLINDER, (70,000) MILES, NADA VALUE (\$17,825) Line from <i>Schedule A/B</i> : 3.1	\$17,825.00	<input checked="" type="checkbox"/> \$6,100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(2)
1996 HONDA CIVIC: VIN# (1HGEJ6523TL059256), (4) DOOR, (4) CYLINDER, (300,000) MILES, DEBTOR ESTIMATES VALUE AT (\$500) Line from <i>Schedule A/B</i> : 3.2	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$500.00 of unused Homestead Exemption

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
HOUSEHOLD GOODS: COUCH, LOVESEAT, TABLES, CHAIRS, BEDS, DRESSERS, MICROWAVE, REFRIGERATOR, STOVE, WASHER, DRYER, MOWER, WEEDEATER, PATIO FURNITURE, GRILL Line from Schedule A/B: 6.1	\$2,500.00	<input checked="" type="checkbox"/> \$2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
HOUSEHOLD GOODS: TVS, DVD PLAYERS, COMPUTER Line from Schedule A/B: 7.1	\$700.00	<input checked="" type="checkbox"/> \$700.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
BOOKS Line from Schedule A/B: 8.1	\$65.00	<input checked="" type="checkbox"/> \$65.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
FIREARMS: RUGER SR 40, SCCY 9MM Line from Schedule A/B: 10.1	\$800.00	<input checked="" type="checkbox"/> \$800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(15)
CLOTHING Line from Schedule A/B: 11.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
JEWELRY Line from Schedule A/B: 12.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(4)
ANIMALS: (4) CHIHUAHUAS Line from Schedule A/B: 13.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
CASH ON HAND Line from Schedule A/B: 16.1	\$12.00	<input checked="" type="checkbox"/> \$12.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$12.00 of unused Homestead Exemption
Checking: BANK OF AMERICA: CHECKING ACCOUNT# (8461) Line from Schedule A/B: 17.1	\$700.00	<input checked="" type="checkbox"/> \$700.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$700.00 of unused Homestead Exemption
Checking: BANK OF AMERICA: CHECKING ACCOUNT# (6408) Line from Schedule A/B: 17.2	\$11.10	<input checked="" type="checkbox"/> \$11.10 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$11.10 of unused Homestead Exemption
Checking: FIRST COMMUNITY BANK: CHECKING ACCOUNT Line from Schedule A/B: 17.3	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$50.00 of unused Homestead Exemption

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
401(k): RETIREMENT PROGRAM: ERISA QUALIFIED 401(K) RETIREMENT PROGRAM, FACE VALUE OF PROGRAM (\$0.00), CASH SURRENDER VALUE OF PROGRAM (\$0.00) Line from Schedule A/B: 21.1	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(14)
IRA: IRA: INDIVIDUAL RETIREMENT ACCOUNT ADMINISTERED THROUGH CO-DEBTORS EMPLOYER, FACE VALUE OF IRA (\$0.00) Line from Schedule A/B: 21.2	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(13)
MUTUAL OF OMAHA: TERM LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$25,000), CASH SURRENDER VALUE OF POLICY (\$0.00) Line from Schedule A/B: 31.1	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(8)
TRUSTMARK: TERM LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$25,000), CASH SURRENDER VALUE OF POLICY (\$0.00) Line from Schedule A/B: 31.2	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(8)
COLONIAL LIFE INSURANCE: TERM LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$50,000.00), CASH SURRENDER VALUE OF POLICY (\$0.00) Line from Schedule A/B: 31.3	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(8)
PERSONAL PROPERTY: ABOVE GROUND POOL Line from Schedule A/B: 53.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$200.00 of unused Homestead Exemption

3. **Are you claiming a homestead exemption of more than \$160,375?**
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify your case:

Debtor 1	Michael Timothy Lynds, Jr.		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Melissa Kay Lynds		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 GM FINANCIAL <small>Creditor's Name</small> PO BOX 183834 Arlington, TX 76096 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: 2015 CHRYSLER TOWN & COUNTRY: TO BE PAID IN PLAN As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Auto Loan	\$17,325.00	\$17,825.00
			\$0.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred 1/18 Last 4 digits of account number 4952			

2.2 KONDAUR CAPITAL CORPORATION <small>Creditor's Name</small> 333 SOUTH ANITA DR. STE 400 Orange, CA 92868 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: DEBTORS RESIDENCE-546 NEW STATE ROAD, CAYCE SC 29033: ARREARAGE TO BE PAID IN PLAN (\$7,000), REGULAR MORTGAGE TO BE PAID THROUGH CONDUIT PLAN As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit	\$60,000.00	\$55,000.00	\$5,000.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				

Debtor 1 **Michael Timothy Lynds, Jr.** Case number (if know) _____
 First Name Middle Name Last Name
 Debtor 2 **Melissa Kay Lynds**
 First Name Middle Name Last Name

☐ Check if this claim relates to a community debt ☒ Other (including a right to offset) **Mortgage**

Date debt was incurred **7/02** Last 4 digits of account number **5075**

2.3 **SPRINGLEAF FINANCIAL** Describe the property that secures the claim: **\$2,000.00** **\$2,500.00** **\$0.00**
 Creditor's Name

PO BOX 3251
Evansville, IN 47731

Number, Street, City, State & Zip Code

HOUSEHOLD GOODS: 522(F)
VOIDABLE

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

Non-Purchase Money Security

Who owes the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred **1/17** Last 4 digits of account number **5563**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$79,325.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$79,325.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ Name, Number, Street, City, State & Zip Code On which line in Part 1 did you enter the creditor? **2.2**
LEXINGTON COUNTY CLERK OF COURT
205 EAST MAIN STREET Last 4 digits of account number ____
ATTN: BETH CARRIGG
Lexington, SC 29072

☐ Name, Number, Street, City, State & Zip Code On which line in Part 1 did you enter the creditor? **2.2**
LEXINGTON COUNTY MASTER IN EQUITY
139 MAIN STREET Last 4 digits of account number ____
Lexington, SC 29072

☐ Name, Number, Street, City, State & Zip Code On which line in Part 1 did you enter the creditor? **2.2**
NICHOLAS SEARS
6215 SHARON ACRES ROAD Last 4 digits of account number ____
Charlotte, NC 28210

Fill in this information to identify your case:

Debtor 1 **Michael Timothy Lynds, Jr.**
First Name Middle Name Last Name

Debtor 2 **Melissa Kay Lynds**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	IRS Nonpriority Creditor's Name PO BOX 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5563 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice Only	\$0.00

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if know)

4.2 LEXINGTON COUNTY TREASURER
Nonpriority Creditor's Name
212 S. LAKE DRIVE
Lexington, SC 29072
Number Street City State Zip Code
Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **5563** **\$0.00**
When was the debt incurred?
As of the date you file, the claim is: Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Notice Only**

4.3 SC DEPT OF REVENUE
Nonpriority Creditor's Name
PO BOX 12265
Columbia, SC 29211
Number Street City State Zip Code
Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **5563** **\$0.00**
When was the debt incurred?
As of the date you file, the claim is: Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Notice Only**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
ATTORNEY GENERAL OF UNITED STATES
950 PENNSYLVANIA AVE, NW
Washington, DC 20530-0001

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.1** of (Check one):
☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
US ATTORNEY'S OFFICE
ATTN DOUG BARNETT
1441 MAIN ST STE 500
Columbia, SC 29201

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.1** of (Check one):
☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims	6a. Domestic support obligations	6a. \$	0.00

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if know) _____

from Part 1

- 6b. **Taxes and certain other debts you owe the government**
6c. **Claims for death or personal injury while you were intoxicated**
6d. **Other.** Add all other priority unsecured claims. Write that amount here.

6b. \$ 0.00
6c. \$ 0.00
6d. \$ 0.00

- 6e. **Total Priority.** Add lines 6a through 6d.

6e. \$ 0.00

Total Claim

Total
claims
from Part 2

- 6f. **Student loans**
6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**
6h. **Debts to pension or profit-sharing plans, and other similar debts**
6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6f. \$ 0.00

6g. \$ 0.00

6h. \$ 0.00

6i. \$ 0.00

- 6j. **Total Nonpriority.** Add lines 6f through 6i.

6j. \$ 0.00

Fill in this information to identify your case:

Debtor 1	Michael Timothy Lynds, Jr.		
	First Name	Middle Name	Last Name
Debtor 2	Melissa Kay Lynds		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.2	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.3	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.4	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.5	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	

Fill in this information to identify your case:

Debtor 1 **Michael Timothy Lynds, Jr.**
First Name Middle Name Last Name

Debtor 2 **Melissa Kay Lynds**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Number Street State ZIP Code
City _____

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2

Name _____

Number Street State ZIP Code
City _____

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Michael Timothy Lynds, Jr.

Debtor 2 Melissa Kay Lynds
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number
(If known) _____

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☒ Employed
☐ Not employed

TECHNICIAN

NEPHRON PHARMACEUTICAL

4500 12TH STREET EXT
West Columbia, SC 29172

1 YEAR

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

VETERINARY TECHNICIAN

PET VAC

308 CHARLESTON HWY
West Columbia, SC 29169

15 YEARS

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>4,135.03</u>	\$ <u>1,992.99</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>4,135.03</u>	\$ <u>1,992.99</u>

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 4,135.03	\$ 1,992.99
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 365.73	\$ 450.81
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 970.93	\$ 186.49
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify:	5h.+ \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 1,336.66	\$ 637.30
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,798.37	\$ 1,355.69
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,798.37	+ \$ 1,355.69 = \$ 4,154.06
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$	4,154.06
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: DEBTORS DO NOT ANTICIPATE ANY CHANGES TO INCOME WITHIN THE NEXT YEAR.		



Direct Deposit Advice



4500 12th Street Ext.
W Columbia, SC 29172

Check Date
May 18, 2018

Voucher Number
22633

DIRECT DEPOSIT VOUCHER	Direct Deposits	Type	Account	Amount
	Bank Of	C	***8461	2,144.54
	America, N.A.			
	Total Direct Deposits			2,144.54

17494 104000 1517 22633 24550 17494
Non Negotiable - This is not a check - Non Negotiable
 Michael T Lynds
 546 New State Rd
 Cayce, SC 29033

Non Negotiable - This is not a check - Non Negotiable

NEPHRON SC INC

Michael T Lynds

Earnings Statement

Employee ID	1517	Fed Taxable Income	2,675.91	Check Date	May 18, 2018	Voucher Number	22633
Location	104000	Fed Filing Status	M-7	Period Beginning	April 28, 2018	Net Pay	2,144.54
Hourly	\$20.48	State Filing Status	M-7	Period Ending	May 11, 2018		

Earnings	Rate	Hours	Amount	YTD
HEALTH R		0.00	473.22	4,732.20
HOLIDAY				451.79
OVERTIM	30.72	46.32	1,422.95	3,699.90
REGULAR	20.48	80.00	1,638.40	15,515.24
Gross Earnings		126.32	3,061.35	19,666.93

Taxes	Amount	YTD
FITW	119.07	165.29
MED	38.80	229.26
SC	119.11	400.28
SS	165.91	980.38
Taxes	442.89	1,775.21

Deductions	Amount	YTD
ACCIDENT INS	19.66	98.30
CRITICAL ILLNESS	19.16	95.80
DENTAL	34.77	347.70
MEDICAL	350.67	3,506.70
STD	11.34	112.32
UNIVERSAL LIFE	28.04	140.20
VISION	10.28	102.80
Deductions	473.92	4,403.82

Direct Deposits	Type	Account	Amount
Bank Of	C	***8461	2,144.54
America, N.A.			
Total Direct Deposits			2,144.54

Time Off	Used	Availabl	Used\$
PERSONA	0.00	20.00	
VACATIO	0.00	0.00	



Direct Deposit Advice



4500 12th Street Ext.
W Columbia, SC 29172

Check Date
June 1, 2018

Voucher Number
23130

DIRECT DEPOSIT VOUCHER	Direct Deposits	Type	Account	Amount
	Bank Of	C	***8461	688.99
	America, N.A.			
	Total Direct Deposits			688.99

17494 104000 1517 23130 25096 17494
Michael T Lynds
546 New State Rd
Cayce, SC 29033

Non Negotiable - This is not a check - Non Negotiable

Non Negotiable - This is not a check - Non Negotiable

NEPHRON SC INC

Michael T Lynds

Employee ID 1517 Fed Taxable Income
Location 104000 Fed Filing Status
Hourly \$20.48 State Filing Status

843.67 Check Date June 1, 2018
M-7 Period Beginning May 12, 2018
M-7 Period Ending May 25, 2018

Earnings Statement

Voucher Number 23130
Net Pay 688.99

Earnings	Rate	Hours	Amount	YTD
HEALTH R		0.00	473.22	5,205.42
HOLIDAY				451.79
OVERTIM	30.72	-13.71	-421.17	3,278.73
REGULAR	20.48	80.58	1,650.28	17,165.52
Gross Earnings		66.87	1,229.11	20,896.04

Taxes	Amount	YTD
FTW	0.00	165.29
MED	12.23	241.49
SC	1.66	401.94
SS	52.31	1,032.69
Taxes	66.20	1,841.41

Deductions	Amount	YTD
ACCIDENT INS	19.66	117.96
CRITICAL ILLNESS	19.16	114.96
DENTAL	34.77	382.47
MEDICAL	350.67	3,857.37
STD	11.34	123.66
UNIVERSAL LIFE	28.04	168.24
VISION	10.28	113.08
Deductions	473.92	4,877.74

Direct Deposits	Type	Account	Amount
Bank Of	C	***8461	688.99
America, N.A.			
Total Direct Deposits			688.99

Time Off	Used	Availabl	Used\$
PERSONA	0.00	20.00	
VACATIO	0.00	0.00	



Direct Deposit Advice



4500 12th Street Ext.
W Columbia, SC 29172

Check Date
June 15, 2018

Voucher Number
23631

DIRECT DEPOSIT VOUCHER	Direct Deposits Type	Account	Amount
	Bank Of C	***8461	1,083.13
	America, N.A.		
	Total Direct Deposits		1,083.13

17494 104000 1517 23631 25664 17494
Michael T Lynds
546 New State Rd
Cayce, SC 29033

Non Negotiable - This is not a check - Non Negotiable

Non Negotiable - This is not a check - Non Negotiable

NEPHRON SC INC

Michael T Lynds

Employee ID 1517 Fed Taxable Income
Location 104000 Fed Filing Status
Hourly \$20.48 State Filing Status

1,292.79 Check Date June 15, 2018
M-7 Period Beginning May 26, 2018
M-7 Period Ending June 8, 2018

Earnings Statement

Voucher Number 23631
Net Pay 1,083.13

Earnings	Rate	Hours	Amount	YTD
HEALTH R		0.00	473.22	5,678.64
HOLIDAY	20.48	10.87	222.62	674.41
OVERTIM	30.72	4.67	143.46	3,422.19
REGULAR	20.48	64.07	1,312.15	18,477.67
Gross Earnings		79.61	1,678.23	22,574.27

Taxes	Amount	YTD
FITW	0.00	165.29
MED	18.75	260.24
SC	22.29	424.23
SS	80.14	1,112.83
Taxes	121.18	1,962.59

Deductions	Amount	YTD
ACCIDENT INS	19.66	137.62
CRITICAL ILLNESS	19.16	134.12
DENTAL	34.77	417.24
MEDICAL	350.67	4,208.04
STD	11.34	135.00
UNIVERSAL LIFE	28.04	196.28
VISION	10.28	123.36
Deductions	473.92	5,351.66

Direct Deposits Type	Account	Amount
Bank Of C	***8461	1,083.13
America, N.A.		
Total Direct Deposits		1,083.13

Time Off	Used	Availabl	Used\$
PERSONA	0.00	20.00	
VACATIO	0.00	0.00	



Direct Deposit Advice



4500 12th Street Ext.
W Columbia, SC 29172

Check Date
June 29, 2018

Voucher Number
24168

DIRECT DEPOSIT VOUCHER	Direct Deposits Type	Account	Amount
	Bank Of C	***8461	1,530.19
	America, N.A		
	Total Direct Deposits		1,530.19

17494 103000 1517 24168 26253

17494

Non Negotiable - This is not a check - Non Negotiable

Michael T Lynds
546 New State Rd
Cayce, SC 29033

Non Negotiable - This is not a check - Non Negotiable

NEPHRON SC INC

Michael T Lynds

Employee ID 1517 Fed Taxable Income
Location 103000 Fed Filing Status
Hourly \$20.48 State Filing Status

1,850.46 Check Date June 29, 2018
M-7 Period Beginning June 9, 2018
M-7 Period Ending June 22, 2018

Earnings Statement

Voucher Number 24168
Net Pay 1,530.19

Earnings	Rate	Hours	Amount	YTD
HEALTH R		0.00	473.22	6,151.86
HOLIDAY				674.41
OVERTIM	30.72	19.45	597.50	4,019.69
REGULAR	20.48	80.00	1,638.40	20,116.07
Gross Earnings		99.45	2,235.90	24,810.17
Taxes			Amount	YTD
FITW			28.89	194.18
MED			26.83	287.07
SC			61.33	485.56
SS			114.74	1,227.57
Taxes			231.79	2,194.38

Deductions	Amount	YTD
ACCIDENT INS	19.66	157.28
CRITICAL ILLNESS	19.16	153.28
DENTAL	34.77	452.01
MEDICAL	350.67	4,558.71
STD	11.34	146.34
UNIVERSAL LIFE	28.04	224.32
VISION	10.28	133.64
Deductions	473.92	5,825.58

Direct Deposits Type	Account	Amount
Bank Of C	***8461	1,530.19
America, N.A.		
Total Direct Deposits		1,530.19

Time Off	Used	Availabl	Used\$
PERSONA	0.00	24.00	
VACATIO	0.00	0.00	

26
/ 32

Earnings and Hours	Hours	Rate	Current	YTD Amount
Hourly Regular Rate	27.75	15.50	430.13	10,619.43
Vacation Hourly Rate	16.00	15.50	248.00	372.00
Overtime Hourly Rate 1			0.00	36.74
	43.75		678.13	11,028.17

Deductions From Gross	Current	YTD Amount
SIMPLE IRA	-50.00	-600.00

Taxes	Current	YTD Amount
Medicare Employee Addl Tax	0.00	
Federal Withholding	-53.00	-1,043.00
Social Security Employee	-43.31	-704.26
Medicare Employee	-10.13	-164.71
SC - Withholding	-31.65	-588.33
	-138.09	-2,500.30

Adjustments to Net Pay	Current	YTD Amount
afac	-84.90	-1,018.80
colonial life	-1.17	-14.04
	-86.07	-1,032.84

Net Pay	403.97	6,895.03
Paid Time Off		
Vacation	1.14	24.00
Available		1.23
Taxable Company Items	Current	YTD Amount
COMPANY IRA	20.34	330.85

ADCOCK VETERINARY SERVICES INC, 308 CHARLESTON HWY, WEST COLUMBIA, SC 29169

Powered by Intuit Payroll

ADCOCK VETERINARY SERVICES, INC.

10367

Employee MELISSA K. LYNDY, 546 NEW STATE ROAD, CAYCE, SC 29033

SSN ***-**-2870 Status (Fed/State) Single/Withhold
Pay Period: 03/18/2018 - 03/31/2018

Allowances/Extra Fed-0/0/SC-0/0
Pay Date: 04/05/2018

Earnings and Hours	Hours	Rate	Current	YTD Amount
Hourly Regular Rate	30.25	15.50	468.88	5,828.52
Vacation Hourly Rate			0.00	124.00
Overtime Hourly Rate 1			0.00	36.74
	30.25		468.88	5,989.26

Deductions From Gross	Current	YTD Amount
SIMPLE IRA	-50.00	-350.00

Taxes	Current	YTD Amount
Medicare Employee Addl Tax	0.00	
Federal Withholding	-29.00	-573.00
Social Security Employee	-29.94	-382.47
Medicare Employee	-7.00	-89.45
SC - Withholding	-16.64	-311.23
	-82.58	-1,356.15

Adjustments to Net Pay	Current	YTD Amount
afac	-84.90	-594.30
colonial life	-1.17	-8.19
	-86.07	-602.49

Net Pay	250.23	3,680.62
Paid Time Off		
Vacation	0.79	8.00
Available		8.74
Taxable Company Items	Current	YTD Amount
COMPANY IRA	14.07	179.69

\$ 250.00

ADCOCK VETERINARY SERVICES INC, 308 CHARLESTON HWY, WEST COLUMBIA, SC 29169

Powered by Intuit Payroll

Employee
MELISSA K. LYNDS, 546 NEW STATE ROAD, CAYCE, SC 29033

Document

SSN ***-**-2870
Status (Fed/State) Single/Withhold
Pay Period: 06/24/2018 - 07/07/2018

Allowances/Extra
Fed-0/0/SC-0/0
Pay Date: 07/12/2018

Earnings and Hours	Hours	Rate	Current	YTD Amount
Hourly Regular Rate	55.08	15.50	853.74	12,469.05
Vacation Hourly Rate			0.00	372.00
Overtime Hourly Rate 1			0.00	36.74
	55.08		853.74	12,877.79

Net Pay 531.09 8,059.90

Paid Time Off	Earned	YTD Used	Available
Vacation	1.44	24.00	4.35

Deductions From Gross	Current	YTD Amount
SIMPLE IRA	-50.00	-700.00

Taxable Company Items	Current	YTD Amount
COMPANY IRA	25.61	386.34

Taxes	Current	YTD Amount
Medicare Employee Addl Tax	0.00	
Federal Withholding	-75.00	-1,211.00
Social Security Employee	-54.52	-822.38
Medicare Employee	-12.75	-192.33
SC - Withholding	-44.31	-687.20
	-186.58	-2,912.91

Adjustments to Net Pay	Current	YTD Amount
aflac	-84.90	-1,188.60
colonial life	-1.17	-16.38
	-86.07	-1,204.98

531.09

28
52

ADCOCK VETERINARY SERVICES INC, 308 CHARLESTON HWY, WEST COLUMBIA, SC 29169

Powered by Intuit Payroll

ADCOCK VETERINARY SERVICES, INC.

10510

Employee
MELISSA K. LYNDS, 546 NEW STATE ROAD, CAYCE, SC 29033

SSN ***-**-2870
Status (Fed/State) Single/Withhold
Pay Period: 06/10/2018 - 06/23/2018

Allowances/Extra
Fed-0/0/SC-0/0
Pay Date: 06/28/2018

Earnings and Hours	Hours	Rate	Current	YTD Amount
Hourly Regular Rate	64.25	15.50	995.88	11,615.31
Vacation Hourly Rate			0.00	372.00
Overtime Hourly Rate 1			0.00	36.74
	64.25		995.88	12,024.05

Net Pay 633.78 7,528.81

Paid Time Off	Earned	YTD Used	Available
Vacation	1.68	24.00	2.91

Deductions From Gross	Current	YTD Amount
SIMPLE IRA	-50.00	-650.00

Taxable Company Items	Current	YTD Amount
COMPANY IRA	29.88	360.73

Taxes	Current	YTD Amount
Medicare Employee Addl Tax	0.00	
Federal Withholding	-93.00	-1,136.00
Social Security Employee	-63.60	-767.86
Medicare Employee	-14.87	-179.58
SC - Withholding	-54.56	-642.89
	-226.03	-2,726.33

Adjustments to Net Pay	Current	YTD Amount
aflac	-84.90	-1,103.70
colonial life	-1.17	-15.21
	-86.07	-1,118.91

ADCOCK VETERINARY SERVICES INC, 308 CHARLESTON HWY, WEST COLUMBIA, SC 29169

Powered by Intuit Payroll

Fill in this information to identify your case:

Debtor 1 Michael Timothy Lynds, Jr.

Debtor 2 Melissa Kay Lynds
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number
(If known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Daughter

5

☐ No
☒ Yes

Daughter

5

☐ No
☒ Yes

Son

19

☐ No
☒ Yes

☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known) _____

6. Utilities:								
6a. Electricity, heat, natural gas	6a. \$	280.00						
6b. Water, sewer, garbage collection	6b. \$	89.00						
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	185.00						
6d. Other. Specify: _____	6d. \$	0.00						
7. Food and housekeeping supplies	7. \$	950.00						
8. Childcare and children's education costs	8. \$	0.00						
9. Clothing, laundry, and dry cleaning	9. \$	250.00						
10. Personal care products and services	10. \$	125.00						
11. Medical and dental expenses	11. \$	125.00						
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	450.00						
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	125.00						
14. Charitable contributions and religious donations	14. \$	0.00						
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.								
15a. Life insurance	15a. \$	0.00						
15b. Health insurance	15b. \$	0.00						
15c. Vehicle insurance	15c. \$	300.00						
15d. Other insurance. Specify: _____	15d. \$	0.00						
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: AUTO PROPERTY TAXES								
	16. \$	45.00						
17. Installment or lease payments:								
17a. Car payments for Vehicle 1	17a. \$	0.00						
17b. Car payments for Vehicle 2	17b. \$	0.00						
17c. Other. Specify: _____	17c. \$	0.00						
17d. Other. Specify: _____	17d. \$	0.00						
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).								
	18. \$	0.00						
19. Other payments you make to support others who do not live with you.								
	\$	0.00						
Specify: _____								
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.								
20a. Mortgages on other property	20a. \$	0.00						
20b. Real estate taxes	20b. \$	0.00						
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00						
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00						
20e. Homeowner's association or condominium dues	20e. \$	0.00						
21. Other: Specify: _____	21. +\$	0.00						
22. Calculate your monthly expenses								
22a. Add lines 4 through 21.	<div style="border: 1px solid black; padding: 5px;"> <table border="0"> <tr> <td>\$</td> <td>3,024.00</td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td>3,024.00</td> </tr> </table> </div>		\$	3,024.00	\$		\$	3,024.00
\$			3,024.00					
\$								
\$	3,024.00							
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2								
22c. Add line 22a and 22b. The result is your monthly expenses.								
23. Calculate your monthly net income.								
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$	4,154.06						
23b. Copy your monthly expenses from line 22c above.	23b. -\$	3,024.00						
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .								
	23c. \$	1,130.06						

24. Do you expect an increase or decrease in your expenses within the year after you file this form?
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here: **DEBTORS REGULAR MORTGAGE PAYMENT TO BE PAID THROUGH CHAPTER 13 CONDUIT PLAN. DEBTORS DO NOT ANTICIPATE ANY CHANGES TO EXPENSES WITHIN THE NEXT YEAR.**

Fill in this information to identify your case:

Debtor 1 **Michael Timothy Lynds, Jr.**
First Name Middle Name Last Name

Debtor 2 **Melissa Kay Lynds**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Michael Timothy Lynds, Jr.
Michael Timothy Lynds, Jr.
Signature of Debtor 1

Date August 30, 2018

X /s/ Melissa Kay Lynds
Melissa Kay Lynds
Signature of Debtor 2

Date August 30, 2018

Fill in this information to identify your case:

Debtor 1 **Michael Timothy Lynds, Jr.**
First Name Middle Name Last Name

Debtor 2 **Melissa Kay Lynds**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:

Debtor 1

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

☒ Wages, commissions, bonuses, tips

\$24,810.17

☐ Operating a business

Debtor 2

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

☒ Wages, commissions, bonuses, tips

\$12,877.79

☐ Operating a business

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known) _____

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2017)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$39,894.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$22,786.00
For the calendar year before that: (January 1 to December 31, 2016)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$27,000.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$22,000.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	N/A	\$0.00	N/A	\$0.00
For last calendar year: (January 1 to December 31, 2017)	RETIREMENT	\$3,405.00	N/A	\$0.00
For the calendar year before that: (January 1 to December 31, 2016)	N/A	\$0.00	N/A	\$0.00

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- ☐ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known)

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	----------------------------------------------------

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
KONDAUR CAPITAL CORPORATION V MICHAEL LYNDY AND MELISSA LYNDY 2012CP3204222	FORECLOSURE	LEXINGTON COUNTY MASTER IN EQUITY 139 MAIN STREET Lexington, SC 29072	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**
Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	------------------------------------------------	------	-----------------------

11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☒ No
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- ☒ No
☐ Yes

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known) _____

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No

☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift and Address:

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Describe what you contributed

Dates you contributed

Value

Charity's Name

Address (Number, Street, City, State and ZIP Code)

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Date of your loss

Value of property lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

Person Who Was Paid

Address

Email or website address

Person Who Made the Payment, if Not You

MOSS & ASSOCIATES, ATTORNEYS P.A.

816 ELMWOOD AVENUE
COLUMBIA, SC 29201

Description and value of any property transferred

ATTORNEYS FEES: \$589.00
FILING FEE: \$310.00

Date payment or transfer was made

AUGUST 2018

Amount of payment

\$899.00

CC ADVISING, INC.
730 WASHINGTON AVE.
SUITE 230-D
Bay City, MI 48708-5732

CREDIT COUNSELING: \$19.52

JULY 2018

\$19.52

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known)

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

- ☐ No
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	------------------------------------------------------	-----------------------------------------	----------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No
☐ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☐ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---------------------------------------------------	---------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--------------------------------------------------------------------------------------------	------------------------------------	----------------------------------	---------------------------------------------------------------	-----------------------------------------------

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☐ No
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
-------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------	-----------------------	--------------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------	-----------------------	--------------------------

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known)

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--------------------------------------------------------------------	----------------------------------------------------------------------	-----------------------	-------

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☐ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☐ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☐ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☐ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--------------------------------------------------------------------	-------------------------------------------------------------------------	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- ☐ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--------------------------------------------------------------------	-------------------------------------------------------------------------	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	-------------------------------------------------------------------------------	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

Debtor 1 **Michael Timothy Lynds, Jr.**
Debtor 2 **Melissa Kay Lynds**

Case number (if known) _____

- ☒ **No. None of the above applies. Go to Part 12.**
- ☐ **Yes. Check all that apply above and fill in the details below for each business.**

Business Name

Address

(Number, Street, City, State and ZIP Code)

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ **No**
- ☐ **Yes. Fill in the details below.**

Name

Address

(Number, Street, City, State and ZIP Code)

Date Issued

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Michael Timothy Lynds, Jr.

Michael Timothy Lynds, Jr.

Signature of Debtor 1

/s/ Melissa Kay Lynds

Melissa Kay Lynds

Signature of Debtor 2

Date August 30, 2018

Date August 30, 2018

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ **No**
- ☐ **Yes**

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ **No**
- ☐ **Yes. Name of Person** _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 Michael Timothy Lynds, Jr.

Debtor 2 Melissa Kay Lynds
(Spouse, if filing)

United States Bankruptcy Court for the: District of South Carolina

Case number _____
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☒ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☒ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 4,135.03	\$ 1,992.99
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	\$ 0.00
6. Net income from rental and other real property		
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	\$ 0.00

Debtor 1
Debtor 2

Michael Timothy Lynds, Jr.
Melissa Kay Lynds

Case number (if known)

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
----------------------	----------------------------------------------

7. Interest, dividends, and royalties

\$ 0.00	\$ 0.00
---------	---------

8. Unemployment compensation

\$ 0.00	\$ 0.00
---------	---------

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ 0.00

For your spouse \$ 0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ 0.00	\$ 0.00
---------	---------

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

\$ 0.00	\$ 0.00
---------	---------

\$ 0.00	\$ 0.00
---------	---------

Total amounts from separate pages, if any.

+	\$ 0.00	\$ 0.00
---	---------	---------

11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 4,135.03	+	\$ 1,992.99	=	\$ 6,128.02
Total average monthly income				

Part 2: Determine How to Measure Your Deductions from Income

12. Copy your total average monthly income from line 11.

\$ 6,128.02

13. Calculate the marital adjustment. Check one:

☐ You are not married. Fill in 0 below.

☒ You are married and your spouse is filing with you. Fill in 0 below.

☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

\$	
\$	
+\$	

Total

\$ 0.00	Copy here=>	-	0.00
---------	-------------	---	------

14. Your current monthly income. Subtract line 13 from line 12.

\$ 6,128.02

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here=>

\$ 6,128.02

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form.

\$ 73,536.24

Debtor 1
Debtor 2

Michael Timothy Lynds, Jr.
Melissa Kay Lynds

Case number (if known)

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live.

SC

16b. Fill in the number of people in your household.

5

16c. Fill in the median family income for your state and size of household.

\$ **85,964.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).

17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. Copy your total average monthly income from line 11 . \$ **6,128.02**

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ **0.00**

19b. Subtract line 19a from line 18.

\$ **6,128.02**

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b

\$ **6,128.02**

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form

\$ **73,536.24**

20c. Copy the median family income for your state and size of household from line 16c

\$ **85,964.00**

21. How do the lines compare?

☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.

☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Michael Timothy Lynds, Jr.

Michael Timothy Lynds, Jr.

Signature of Debtor 1

Date **August 30, 2018**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

X /s/ Melissa Kay Lynds

Melissa Kay Lynds

Signature of Debtor 2

Date **August 30, 2018**

MM / DD / YYYY

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C.
§ 101(8) as "incurred by an individual
primarily for a personal, family, or
household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan
for family farmers or
fishermen

Chapter 13 - Voluntary repayment plan
for individuals with regular
income

**You should have an attorney review your
decision to file for bankruptcy and the choice of
chapter.**

Chapter 7: Liquidation

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:
http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
District of South Carolina**

In re **Michael Timothy Lynds, Jr.
Melissa Kay Lynds**

Debtor(s)

Case No.

Chapter

13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>3,700.00</u>
Prior to the filing of this statement I have received	\$	<u>589.00</u>
Balance Due	\$	<u>3,111.00</u>

2. \$ **310.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions, motions to incur debt, motions to sell property, moratoriums, motions to reconsider, plan modifications after confirmation, motions to reopen, motions to redeem, or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 30, 2018

Date

/s/ JASON T. MOSS

JASON T. MOSS 7240

Signature of Attorney

MOSS & ASSOCIATES, ATTORNEYS P.A.

816 ELMWOOD AVENUE

COLUMBIA, SC 29201

(803)-933-0202 Fax: (803)-933-9941

lindsey@mossattorneys.com

Name of law firm

DISCLOSURE OF ADDITIONAL ATTORNEY'S FEES

TYPE: Chapter 13 Bankruptcy for the United States Bankruptcy Court, the District of South Carolina.

Priority Claims for Supplemental Attorney's Fees

TYPE 1:	Defending §362 Motion by creditor	Amount: \$885
TYPE 2:	Defending Motion to Dismiss by creditor after confirmation	Amount: \$600
TYPE 3:	Resolve Petition to Dismiss by Trustee	Amount: \$185
TYPE 4:	Combined §362 Motion by creditor and attending court	Amount: \$900
TYPE 5:	Motion to reinstate Automatic Stay or resumption of payment	Amount: \$900
TYPE 6:	Motion to modify post-confirmation plan	Amount: \$885
TYPE 7:	Motion for Substitution of Collateral	Amount: \$1285
TYPE 8:	Motion to modify post-confirmation plan due to change in circumstances requiring new Schedule I and Schedule J	Amount: \$985
TYPE 9:	Motion to incur debt	Amount: \$985
TYPE 10:	Motion to sell property	Amount: \$1,300
TYPE 11:	Prevention of §362 Motion for failing to maintain auto/home insurance and/or (out of court work-out) of payment	Amount: \$185
TYPE 12:	Defending §362 Motion by creditor after a previous claim for prevention has been filed	Amount: \$885
TYPE 13:	Motion Establishing Priority of Tax Claim requiring a post-confirmation plan modification	Amount: \$785
TYPE 14:	Objection to Creditor's Proof of Claim requiring a post-confirmation plan modification	Amount: \$785
TYPE 15:	Motion for Moratorium requiring a hearing	Amount: \$685
TYPE 16:	Motion to Substitute Attorney	Amount: \$700
TYPE 17:	Taking over case	Amount: \$785
TYPE 18:	Address change in estate	Amount: \$185
TYPE 19:	Post-Petition consultation relating to Tax Return	Amount: \$285

TYPE 20:	Attorney Review/Release of Mortgage communication waiver	Amount: \$285
TYPE 21:	Application to Employ	Amount: \$785
TYPE 22:	Application for Settlement	Amount: \$885
TYPE 23:	Creditor Violation Letter	Amount: \$285
TYPE 24:	Consent Order Approving Loan Modification	Amount: \$885
TYPE 25:	Consent Order Lifting the Stay (to proceed in family court)	Amount: \$885
TYPE 26:	Negotiation with Mortgage Creditor for Loan Modification <i>Payable in (3) monthly installments beginning 30 days after Case filing (Portal and Non-Portal)</i>	Amount: \$1,700
TYPE 27:	Motion to Approve Final Loan Modification Agreement	Amount: \$1,500
TYPE 28:	Mortgage Loan Modification Report	Amount: \$800
TYPE 29:	Motion to Reinstate after Dismissal	Amount: \$1,285
TYPE 30:	Application for settlement to use insurance proceeds	Amount: \$1,250
TYPE 31:	Defense of Modification, Adequate Protection Request	Amount: \$800
TYPE 32:	Motion to Use Cash Collateral	Amount: \$885
TYPE 33:	Post Modification Forbearance Agreement/Workout	Amount: \$1085

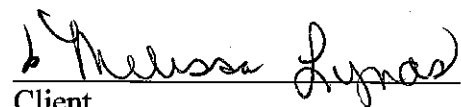
These fees are in addition to expedited attorney fees as referenced in the signed attorney client agreement. The fees referenced herein may increase and/or decrease at the discretion of the attorney. The fees will be paid through the Chapter 13 Plan at zero (0%) percent interest. If you have an issue that requires legal work greater than the above-referenced amounts, a request for approval of additional fees will be submitted to the Bankruptcy Trustee and Bankruptcy Court. If any additional work is needed, the Attorney rate is \$325/ per hour. Any service for a creditor is an additional \$1.00 or more per creditor.



Client

Case Number

Date



Client

Case Number

Date

LOCAL OFFICIAL FORM 1007-1(b) TO SC LBR 1007-1

United States Bankruptcy Court
District of South Carolina

In re **Michael Timothy Lynds, Jr.**
Melissa Kay Lynds

Debtor(s)

Case No.

Chapter

13

CERTIFICATION VERIFYING CREDITOR MATRIX

The above named debtor, or attorney for the debtor if applicable, hereby certifies pursuant to South Carolina Local Bankruptcy Rule 1007-1 that the master mailing list of creditors submitted either on computer diskette, electronically filed via CM/ECF, or conventionally filed in a typed hard copy scannable format which has been compared to, and contains identical information to, the debtor's schedules, statements and lists which are being filed at this time or as they currently exist in draft form.

Master mailing list of creditors submitted via:

- (a) _____ computer diskette
- (b) _____ scannable hard copy
(number of sheets submitted _____)
- (c) **X** electronic version filed via CM/ECF

Date: **August 30, 2018**

/s/ Michael Timothy Lynds, Jr.

Michael Timothy Lynds, Jr.

Signature of Debtor

Date: **August 30, 2018**

/s/ Melissa Kay Lynds

Melissa Kay Lynds

Signature of Debtor

Date: **August 30, 2018**

/s/ JASON T. MOSS

Signature of Attorney

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